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Radnorshire County Council



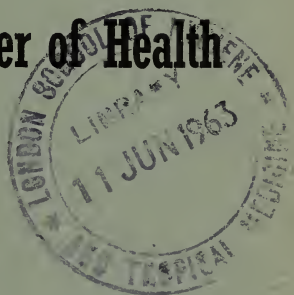
ANNUAL REPORT

of the

County Medical Officer of Health

for

1955



F. J. H. CRAWFORD

M.D., B.Sc., D.P.H., Barrister-at-Law

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HEALTH COMMITTEE.

(As on 31st December, 1955.)

Chairman : Alderman T. P. Davies.

Aldermen Mrs. Gibson-Watt, W. G. Bufton, W. H. Edwards and W. H. Evans; Councillors S. W. Brisbane, F. G. J. Dalton, W. Evans, R. J. Griffiths, R. P. L. Hughes, C. P. Jones, V. T. Jones, R. T. Knill, E. T. Kinsey Morgan, T. O. Nicholls, Brigadier Sir C. M. D. Venables-Llewelyn, Bart.; E. Vaughan, and J. H. West; and Dr. M. Dilys Owen, Mrs. M. Chrimes, Mrs. F. J. Edwards, Mrs. M. P. Price, the Lady Delia Venables-Llewelyn and Mr. W. J. Beavan.

Maternity and Child Welfare Sub-Committee.

Chairman : Alderman Mrs. M. A. Gibson-Watt.

The same Aldermen and Councillors as compose the Health Committee together with Mrs. M. Chrimes, Mrs. F. J. Edwards, Mrs. M. Howse, Mrs. M. P. Price and the Lady Delia Venables-Llewelyn.

Mental Health Services Sub-Committee.

Chairman : Alderman W. Harold Edwards.

The same Aldermen and Councillors as compose the Health Committee, together with Mrs. M. Chrimes, and Mrs. M. P. Price.

Ambulance Transport Sub-Committee.

Chairman : Councillor E. T. Kinsey Morgan.

The Members of the Health Committee, together with Mrs. E. G. Freeman, Mr. F. H. Lloyd, Mr. C. Roberts and Mr. R. Lane Walker.

Staff of the County Health Department.

County Medical Officer of Health and County Welfare Officer:	F. J. H. Crawford, B.Sc., Ch.B., M.D., M.R.C.S., L.R.C.P., D.P.H., Barrister-at-Law, Middle Temple.
Deputy County Medical Officer of Health (part-time)	M. Dilys Owen, J.P., B.Sc., M.B., Ch.B., D.P.H., D.R.C.O.G.
Consultant Psychiatrist and Adviser in Mental Health (part-time)	Gordon Diggle, M.B., Ch.B., M.R.C.P.(Ed.), D.P.H.
Psychiatric Social Worker (part-time)	Gwendoline Morgan.
Authorised Officers in the Mental Health Service (part-time)	G. W. Griffiths. A. J. James. H. E. Morris.
Chest Physician (part-time)	D. Ivor Williams, M.B., Ch.B.
Assistant Chest Physician (part-time)	P. P. Mulhall, M.B., B.Ch., B.A.O.
County Dental Officer:	P. G. H. Griffith, L.D.S.
Dental Attendant:	M. E. Daisy Botwood
Superintendent Nursing Officer and Supervisor of Midwives and Home Help Organiser:	Julia Todd, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
Inspector under the Food and Drugs Act: (part-time)	Ronald W. Price
County Analyst (part-time)	Herbert J. Evans, B.Sc., F.R.I.C.
Home Teacher of the Blind (part-time)	Richard Oldbury
Honorary Ambulance Officers (part-time):	
Llandrindod Wells	T. A. O. Meredith.
Knighton	S. W. Brisbane, C.C.
Presteigne	David Walker, M.R.C.S., L.R.C.P.
Rhayader	E. T. Kinsey Morgan, C.C.
Clerical Staff:	R. Percy Bufton, Chief Clerk and Petitioning Officer under the Mental Deficiency Acts; W. J. Meredith, G. E. H. Steventon, E. Hentria Dyer (resigned 31-8-55), Kay Maddox (resigned 3-9-55), Joyce F. Deacon (appointed 26-9-55), and Enid Barker (for Nursing Association work — appointed 14-11-55).

District Nurses :

The following District Nurses are employed by the Radnorshire County Nursing Association under arrangements made by the Local Health Authority. They undertake Health Visiting, General Nursing, Midwifery and School Nursing on behalf of the County Council.

Nursing Areas.	Names of Nurses.	Qualifications.
{ Knighton	Beatrice M. Gerrish	S.C.M., S.E.A.N.
	† Enid M Price	S.R.N., S.C.M., H.V.Cert., R.S.I., Q.N.S.
{ Llangunllo Beguildy	Hilda M. Bayley	S.C.M.
	Ruth N. Hamer (resigned 23-7-55)	S.R.N., S.C.M.
{ Boughrood	Margaret K. Chaplin	S.R.N., S.C.M., H.V. Cert., R.S.I., Q.N.S.
{ Clyro Painscastle	Elizabeth F. Price	S.R.N., S.C.M.
	Sarah A. Davies	S.C.M., R.M.P.A., S.E.A.N.
{ Cwmbach	Mary A. Price	S.C.M., S.E.A.N.
{ Hundred H'se	Juan Stocker	S.R.N., S.C.M., R.F.N.
{ Llanbister	Gladys W. Ormerod	S.R.N., S.C.M.
{ Llandewy	Anne L. Thompson	S.R.N., T.A. Cert.
{ Llandrindod Wells	Doris M. Davies	S.C.M.
	Elizabeth M. Hughes (appointed 7-2-1955)	S.R.N., S.C.M.
{ Newbridge-on- Wye	Edith M. Isitt	S.C.M. S.E.A.N.
{ New Radnor	Margaret M. Miller	S.R.N., S.C.M., H.V. Cert. R.S.I., Q.N.S.
{ Presteigne	Jean Morris (retired 31-10-1955)	S.R.N., S.C.M., Q.N.S.
{ Penybont	Alice Haynes	S.C.M., S.E.A.N.
	Frances J. E. Davies	S.R.N., S.C.M., H.V.Cert., R.S.I., Q.N.S.
{ Rhayader	Mary H. Williams	S.R.N., S.C.M., Q.N.S.
	Freda M. Lewis (resigned 21-2-55)	S.R.N., T.A. Cert. Q.N.S.
	Grace J. L. Jones (appointed 1-6-55)	S.R.N., S.C.M.
{ Nantmel and Llanwrthwl	Sarah Van Evans (resigned 30-4-1955)	S.C.M., S.E.A.N.
	Mary Hayward (appointed 15-8-55)	S.C.M., S.E.A.N.
{ St. Harmon	Sarah E. Davies	S.C.M., S.E.A.N.

Supply Nurse Elizabeth J. Moseley S.R.N., S.C.M., H.V.
Cert., R.S.I., Q.N.S.

† This Nurse was on special leave attending a Health Visitor's Course and Queen's training until October, 1955.

ASSOCIATED OFFICERS.

Clerk of the County Council : Philip Parker.

County Treasurer : T. R. Moore.

County Surveyor : D. H. Banks, M.B.E., T.D., B.Sc., A.M.I.C.E.

Director of Education : Richard Griffiths, M.A.

County Architect and County Planning Officer :
Frank J. Edwards, L.R.I.B.A.

Children's Officer : Esther Brunson, Ph.D.

Clerk of the Radnorshire Executive Council : S. J. Oliver
(appointed 1-3-55)

HEALTH OFFICERS OF DISTRICT COUNCILS.

MEDICAL OFFICERS OF HEALTH (part-time):

Urban Districts:

Knighton	G. A. Ballance, M.A., M.B., B.Ch.,
Llandrindod Wells.	J. E. Jenkins, M.A., B.M., B.Ch.,
Presteigne	R. J. Walker, M.B., Ch.B.,

Rural Districts:

Colwyn	D. F. Cameron, M.B., Ch.B.,
Knighton	J. G. Garman, M.R.C.S., L.R.C.P.,
New Radnor	R. H. Jobson, M.B., Ch.B.
Paincastle	W. W. Wilson, M.B., Ch.B.
Rhayader	J. D. O'M. Poole, M.B., Ch.B.

SANITARY INSPECTORS :

Urban Districts:

Knighton	Henry Jones, M.R. SAN. INST., M.I.S.E.
Llan'dod Wells	R. J. Morris, M.R. SAN. INST., A.R.I.C.S.
Presteigne	T. Kenneth-Duncan, M.R.SAN.INST., M.S.I.A., (Resigned 31-7-55). Vacant at 31-12-55).

Rural Districts:

Colwyn	G. Llewellyn, M.R. SAN. INST., M.S.I.A.
Knighton	David I. Davies, M.S.I.A., M.R.I.P.H.H.,
New Radnor	E. P. G. Bennett, M.R.San. Inst., M.S.I.A.
Painscastle	Garfield G. Evans, M.R. SAN. INST. M.S.I.A.
Rhayader	G. H. Roberts, M.R. SAN. INST., M.S.I.A.,

To the Chairman and Members of the Radnorshire County Council.

Mr. Chairman, Madam and Gentlemen,

I have the honour to submit to you my Annual Report for 1955. This has been kept as concise as possible in view of pressure of work on the clerical staff.

As you will see from perusal of the Vital Statistics included in the report, the health of the people of this county continued to be good. The death rates from Cancer and from Tuberculosis were again low, and our Infant Mortality Rate was the lowest ever recorded in this county. Nevertheless, with a population as small as ours, statistics are extraordinarily unreliable, and too definite conclusions should not be drawn from them.

On the 13th January the authority's scheme for the protection of children in their fourteenth year against tuberculosis, was approved by the Minister of Health, and subsequently put into effect. There was a good response from the parents.

According to available records the percentage of children immunised against Diphtheria in this county is not as high as it should be, and few children receive a "booster" dose of Diphtheria Prophylactic before they go to school. Constant propaganda is undertaken by the District Nurses to persuade parents to take advantage of this protection, which is still important.

The work of the Ambulance Service has continued and increased. This must necessarily be an expensive service in Radnorshire, where so often patients must travel considerable distances outside the county, to obtain specialist advice for their ailments.

It is gratifying to be able to report that the arrangements for distribution of Welfare Foods begun last year have continued most successfully. The weekly "take-up," not only of National Dried Milk, but also of Cod Liver Oil, Vitamin 'A' and 'D' Tablets, and Orange Juice has increased considerably since the authority took over this work from the Ministry of Food. I am grateful to all the voluntary workers in this scheme.

I again gladly acknowledge the support and encouragement I have received from the Chairman and members of the Health Committee and Sub-Committees, the valuable co-operation of the Superintendent Nursing Officer and her Nurses, and the work of my clerical staff.

I am,

Your obedient servant,

FRANK J. H. CRAWFORD,
County Medical Officer.

RADNORSHIRE COUNTY COUNCIL.

ANNUAL REPORT

of the County Medical Officer of Health
for 1955.

General Statistics.

Area	301,165 acres.
Population (Registrar General's Estimate)			19,400

Particulars are as follows :

Urban Districts—

Knighton	1,830	
Llandrindod Wells	3,260	
Presteigne	1,270	
	<hr/>	6,360

Rural Districts—

Colwyn	1,630	
Knighton	3,080	
New Radnor	2,210	
Paincastle	1,810	
Rhayader	4,310	
	<hr/>	13,040

Total County	19,400
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Rateable value	£198,774
Product of a Penny Rate				£806

Live Births:	M	F	Total.
Legitimate	135	128	263
Illegitimate	4	7	11
	<hr/>	<hr/>	<hr/>
Total Live Births	139	135	274

	Radnor.	E. & W.
Birth Rate per 1,000 of population	14.1	15.0
Stillbirths	10	
Stillbirth Rate per 1,000 births	35.2	
Death Rate per 1,000 of population	12.2	

Number of Deaths at different Periods of Life :

Age Group	Male	Female	Total
0—1	1	4	5
1—5	—	1	1
5—15	2	—	2
15—25	2	1	3
25—45	6	4	10
45—65	18	17	35
65—75	19	36	55
75+	65	60	125
Total deaths (all ages)	113	123	236

Infant Mortality.

The number of deaths of infants under 1 year of age in the County during 1955 was 5, compared with 8 in 1954; the infant mortality rate (number of deaths under 1 year per 1,000 live births) was 18.2 compared with 29.8 in 1954. One death (female) occurred in an Urban District and four (1 males, 3 female) in the Rural Districts. All of the deaths occurred during the neo-natal period, i.e. in the first month of life. The causes of death were prematurity 2 (twins); Hydrocephalus 1; Spina Bifida and Hydrocephalus 1; and Patent Ductus Arteriosus 1. All these deaths can be regarded as almost unavoidable.

I must emphasise again that these figures are too small to justify conclusions, especially for the districts, and these latter figures although required are really quite valueless.

INFANT MORTALITY RATES.

Area.	No of Deaths under 1 year. 1955.	Rates per 1000 births.	
		1955.	1951-55.
Urban Districts :			
Knighton -	—	—	29
Llandrindod Wells	1	33·3	14
Presteigne -	—	—	10
Rural Districts :			
Colwyn -	2	76·9	48
Knighton -	—	—	24
New Radnor -	—	—	53
Paincastle -	1	37·0	42
Rhayader -	1	13·5	42
Urban Districts -	1	13·9	18
Rural Districts -	4	19·8	40
Administrative County	5	18·2	33

	Radnor.	E. & W.
Death Rate of Infants under 1 year of age :		
All infants per 1,000 live births	18·2	24·9
Legitimate infants per 1,000 legitimate live births	19·0	
Illegitimate infants per 1,000 illegitimate live births	—	
Perinatal death rate per 1,000 (Stillbirths plus infant deaths during first week of life)	52·8	

Administration.

All the Health Services provided by the County Council, except for the School Health Service which comes under the control of the Education Committee, are administered by the Health Committee, which consists of 19 members of the County Council and 6 co-opted members including one General Medical Practitioner. For convenience of administration the Health Committee deals with matters of general policy and also with Vaccination, Immunisation (Section 26 of the National Health Service Act), Care and After-Care (Section 28 of the National Health Service Act), and the Welfare of the Blind (Section 29 of the National Assistance Act, 1948).

Sub-Committees of the Health Committee deal with Ambulance Transport, Maternal and Child Welfare and Mental Health Services. On these Sub-Committees are co-opted persons with special interest in the matters with which the Committees deal. Assessments in connection with Home Helps are dealt with by a Sub-Committee of the Maternity and Child Welfare Sub-Committee called the Fees Committee.

National Health Service Act, 1946 = Section 22 Care of Mothers and Young Children.

No ante-natal or post-natal clinics are provided by the County Council. Sterilised maternity outfits are provided free of charge through the District Nurses to all mothers confined at home.

CHILD WELFARE CENTRES:

Child Welfare Centres are held in the county as follows:

Place.	Time.	Medical Officer.
Knighton, Church Hall.	First and Third Tuesdays in the month, 2-30 p.m.	Dr. G. A. Ballance Dr. J. G. Garman
Llandr'dod Wells County Hall	Tuesdays 2-30 p.m.	Dr. M. Dilys Owen.
Newbridge-on-Wye P.O.W. Hut	First Friday in month 2-30 p.m.	Dr. Waldo B. Morgan
New Radnor, Walton Village Hall	Last Monday in month, 2-30 p.m.	Dr. R. R. Walker.
Presteigne, Shire Hall	Second Tuesday in month, 2-30 p.m.	Dr. R. R. Walker.
Rhayader, Greenfields	Second Wednesday in month, 2 p.m.	Dr. J. D. O'M. Poole & Dr. P. Shankey.

The total number of sessions held and attendances made at the various Centres during the year were:—

	Knighton	Llandrindod Wells	Presteigne	Newbridge-on-Wye	New Radnor	Rhayader	Total
No. of Meetings	24	48	12	12	11	12	122
Doctor present	24	48	12	11	11	12	121
Average No. of Voluntary Helpers	3	3	3	3	2	4	—
Attendances—							
Infants under :							
1 year	244	686	145	56	101	126	1358
1-5 years	277	330	170	141	307	126	1351
Total	521	1016	315	197	408	252	2709

Comparing the figures with the previous year, the attendances at Centres increased considerably, the total for the whole county being 2,709, as compared with 2,405 a year ago.

The work at the Centres is purely preventive. It includes giving advice to the mothers by the doctors on how to bring up their children in the healthiest way, and also the giving of prophylactic injections against Diphtheria and Whooping Cough, and Vaccination against Smallpox.

In many cases all that a mother requires is reassurance that she is in fact bringing up her children in the best possible way, and such encouragement alone is sufficient to make her attendance well worth while.

Llandrindod Wells Infant Welfare Centre is held weekly and Knighton is held twice monthly. The other clinics are held once a month.

The value of a welfare centre held so infrequently has been questioned, but in my opinion there is something to be said for centres which are held only once a month, when compared with those which are held one a week or more frequently. A danger with weekly clinics is that there will be weekly weighing of the children attending. Because of errors in the weighing machines, or in the technique of those using them, or because of slight variations in clothing, or the fullness of bowels or bladder on one occasion as compared with another, it is quite possible for a child to appear to have lost weight on any occasion as compared with the week previously. When this happens the mother is at once upset. If the child has been breast fed the mother will probably want to take him off the breast at once, and if he has been artificially fed the feeding will be radically changed, in the belief that something is very much amiss. The atmosphere of anxiety so caused probably outweighs any advantage the mother has gained from attending the Welfare Centre. Indeed, I think there is much to be said in the case of breast fed babies and toddlers, for omitting all weighing, so long as the child appears from other evidence to be making reasonable progress.

An attraction at each Welfare Centre is the social intercourse between the mothers over a cup of tea. Tea and biscuits are supplied by the voluntary committee at each Welfare Centre, and I should like to express my thanks to each of the voluntary workers, some of whom have attended almost every session at their local Welfare Centre for many years.

No special facilities are available for contraceptive advice in any Welfare Centre, and any mother requiring this is referred to the Family Planning Clinic at Hereford or Ludlow. In general, however, knowledge concerning contraception appears to be widespread, and it is only occasionally that it is necessary to refer a mother to such a special clinic.

Unmarried Mothers and their Children.

Special help is available to unmarried mothers through the Swansea and Brecon Diocesan Moral Welfare Association to which the County Council makes an annual grant of £30. The Moral Welfare Worker, Miss Lewis, visits all unmarried mothers in this county and gives advice and help as necessary. Where it is desirable, she makes arrangements for the girl concerned to be admitted to a Maternity Home for her confinement, and for the following weeks.

Miss Lewis contributes the following report on her work during the year :—

“Number of cases dealt with : 20

Nature of Cases : Maternity 5 ; Children 5 ; Putative Fathers 5 ; Advice on Personal Problems 5.

Number of visits undertaken on behalf of the above cases 83.

Number of visits to cases first dealt with in 1954 (After-Care) 21.

Of Maternity cases all were visited at least twice in their own home or place of employment, before any plans were made about admittance to Mother and Baby Homes, or arrangements made for confinement in the local hospital.

Three expectant mothers were accommodated at “Cwmdonkin Shelter,” Swansea. Two remained at home, their babies were born at the local hospital. Three of the mothers asked for the adoption of their babies after every possible help had been offered to them to keep their babies, e.g. Nursery accommodation, Hostel accommodation with their babies, or employment with their babies. In each of these cases the grandparents would not allow the mother to return home with the child. Employment was found by me for the three mothers in the Swansea area when the babies had been placed for adoption. Two returned home with their babies. One baby is cared for by the grandparents and maintained by the putative father ; the mother took up a post in Shrewsbury Hospital. The other is working daily, looks after her child during her free time, the grandmother during her hours of work. Boarding out grant of 15/- per week is obtained from the Church of England Children’s Society. Putative father in this case is a married man and if Court proceedings had been instituted it might have resulted in the breakup of his family. After-care work is still continuing for all the above cases.

Putative Fathers concerned were all visited, many three to six times, to secure necessary information for the maintenance of the child, or in respect of adoption of the child.

Five people sought advice on problems such as adoption, fostering a child, and matrimonial difficulties. Visits were necessary in each case."

Premature Infants.

There were twenty-three premature births during the year, and all but two, who died a few hours after birth, did well. These two were twins and each weighed under 2lbs. at birth. One was born at home, and the mother was then transferred to hospital, where the other baby was born.

Three of the remaining premature births took place at home; two were transferred to Premature Baby Units, at Sorrento and Hereford. The other baby who weighed 5½lbs. at birth, remained at home, and has grown into a lovely child.

Of those babies born in hospital, only two were transferred to Premature Baby Units. The rest remained in hospital until they weighed 5½lbs., and were then discharged home. All have progressed well, and remain under the supervision of a visiting paediatrician until they are six months old.

The reason for prematurity is not well established in all cases, but toxæmia of the mother, early rupture of membranes due to lifting a heavy weight, and twin pregnancy, were predisposing causes in eight mothers.

Dental Care of Expectant and Nursing Mothers

Mr. P. G. H. Griffith, the County Dental Officer, contributes the follows:—

“The number of patients, particularly expectant and nursing mothers, was again disappointing. It must be remembered, however, that a number of four year old children have been seen in the schools.

Every effort has been made to encourage patients to take advantage of the treatment scheme. A valuable approach has been possible through talks to the parents of first entrants at school inspections.

In conjunction with the encouragement of the nurses this leads to a very slow but gradual improvement in attendances. There is fortunately a tendency to bring the child for treatment even though the mother will neglect her own dental health.

The Mobile Clinic has made the provision of treatment near the home possible. The nurses are notified when the clinic is going to their area.

It is to be hoped that the improvement in numbers treated will continue, as the parents become more conscious of the advantages and necessity of early inspection and treatment, and of the facilities provided.

The numbers provided with Dental care and forms of treatment are as follows.

	Expectant Mothers.	Nursing Mothers.	Children under five.	Total.
No. Inspected	3	2	16	21
No. required treatment	3	2	16	21
No. referred	3	2	16	21
Total Attendances	3	5	16	24
Fillings	—	—	—	—
Extractions—Temporary	—	—	3	3
Permanent	—	35	—	35
Ag. N.O. 3	4	7	28	39
Scalings	3	—	—	3
Dressings	4	—	—	4
Dentures fitted	—	1	—	1
Impressions	—	3	—	3

Distribution of Welfare Foods.

On the 26th June, 1954, the responsibility for the distribution of Welfare Foods, i.e. National Dried Milk, Cod Liver Oil, Concentrated Orange Juice, and Vitamin A and D Tablets which was formerly undertaken by the Ministry of Food, was placed upon Local Health Authorities.

In a county such as ours with its scattered population, distributing arrangements were not without their difficulties, but a scheme was evolved whereby three officers of the Authority, who act as Registrars of Births and Deaths, and also as part-time District Welfare Officers, were made responsible for the distribution of these foods. Accordingly three Main Distribution Centres were established as follows: one at Llandrindod Wells, one at Knighton and one at Rhayader, together with 26 other distributing points, including Child Welfare Centres, Sub-Post Offices, Village Shops and the homes of certain District Nurses.

That this scheme has worked well is proved by the fact that since taking over from the Ministry of Food, the quantity of food distributed has gradually increased month by month, as shown by the following statistics:

Issued during Quarter ended	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin A and D Tablets Packets	Orange Juice Bottles
March 31st	3596	564	116	1172
June 30th	3862	458	166	2197
September 30th	3750	468	144	2602
December 31st	4032	636	170	2204
	15240	2126	596	8175

The issues of Welfare Foods during the quarter ended 31st December, 1955, as compared with the issues during the corresponding quarter of 1954 show the following increases: National Dried Milk 589 tins, Orange Juice 453 bottles, Vitamin Tablets 71 packets and Cod Liver Oil 54 bottles.

Report of the Superintendent Nursing Officer.

The past year has been a busy one for the nursing staff. Several nurses have retired or left the County during the last twelve months and although there are now only two vacancies, there was some delay in filling posts, and that meant extra work for the remaining staff. The weather was bad in the early part of 1955 with deep snow in the country districts, and the nurses had to walk long distances up slippery farm lanes, and over snow covered fields. To compensate, the summer weather was the best that can be remembered for many years, but unfortunately it seemed to make no appreciable difference in the numbers of ill people, although it provided a good opportunity for health teaching about suitable food and clothing for hot weather.

There was a outbreak of Mumps in the late summer and early autumn. Most cases were in children and not severe, but a few adults were affected.

Post graduate courses have been well attended. Two nurses attended a residential course on "District Nursing" in Oxford and found it hard work, but most interesting and stimulating. One of the midwives went to a residential post-graduate course in Midwifery at Brighton; two other members of the staff attended a two day course on Tuberculosis at Cardiff, organised by the Welsh Federation of the Queen's Institute of District Nursing. It was possible to arrange for all the nursing staff to attend one day's lectures at a three-day non-residential course, arranged by the Herefordshire County Health Department, and this was much appreciated. The Superintendent Nursing Officer went to the Maternity and Child Welfare Conference. All these courses besides being useful and instructive, help us to keep in touch with modern ideas and lines of treatment. In a rather isolated rural area this is very valuable, and Nurses' meetings which are held regularly under the guidance of the County Medical Officer of Health, provide an opportunity to discuss new ideas. Films of general and medical interest are also shown at these meetings, and talks are given by visiting consultants and others.

One subject under discussion last year, was the Report of the Working Party on the Training of District Nurses. Many of our nurses are not district trained, except in so far as the midwives have a limited experience of district work gained during the second part of their training. Every effort is made to appoint district trained nurses, and to send members of the present staff for training. There is general agreement with the Minority Report, that a period of six months district training is necessary for nurses starting district work, while four months is thought sufficient for those with some experience. The aim of this training is to adapt hospital techniques, so that they may be carried out adequately and efficiently in the home ; to teach the best method of running a district ; to make the nurses aware of the social services available to help them in their work, and to help them realise that they are members of the Public Health team.

One of our nurses completed her district training this year, and a vacancy has been obtained at a Cardiff Training Home for next year.

The County Nursing Association also has a scheme for the training of Health Visitors, whereby selected nurses receive a bursary of £300 while taking the Health Visitors Course. Two nurses have now been trained under this scheme.

MIDWIFERY,

There have been a few more home confinements during the past year, but most babies are still born in hospital. It is interesting that tradition appears to play some part in the mother's decision as to where her confinement should take place. In some cases the home may lack all modern conveniences, but the mother will be determined to have her child at home, as in her family and in her husband's, hospitals are thought of as places for the sick, and "the obvious place to have a baby is in your own home." In other cases the home may be modern and well-equipped, but the mother will be equally determined to go to hospital, because her mother, her husband and her friends, all consider it the right place for her. Another consideration is the amount of resident help available. In these days of small families and women working, there are often no relatives who can come, and difficulty is experienced in this county in finding suitable full time Home Helps.

Trilene is not yet being used by the midwives, but many of the general practitioners use it, and it has been found to give great relief.

In the Knighton area, there is an arrangement between the County Nursing Association and the local hospital, which has a small maternity ward, whereby maternity cases admitted there are delivered and nursed by the district midwives. This arrangement works well and there were 15 confinements there in 1955. A labour ward has been completed in the hospital, and this is appreciated by mothers and midwives.

HOME NURSING.

The patients visited fall mainly into two age groups, those over 65 years of age, and those under five. There is a great deal of work done among the chronic sick, especially in cases where a weekly or twice weekly visit is sufficient. Admission to hospital is fairly easily arranged if the need arises, but among patients nursed at home, are those suffering from bronchitis, pneumonia, heart failure, cerebral thrombosis, anaemia, diabetes, arthritis, varicose ulcers, tuberculosis and infective conditions of the skin such as boils, and, in children, acute infections such as broncho-pneumonia and otitis media. There is no special scheme in this county for nursing sick children in their own homes, but it is only rarely that a child is sent to hospital. If at all possible, the child is nursed at home with the full co-operation of the mother, and the help of the district nurse.

Our need is much more for some accommodation for those old people who are not active enough to be admitted to an Old People's Home, nor ill enough to go to hospital. They need a little help and an occasional day in bed, and are not really able to look after themselves. A resident home help might be the answer to the problem, but they are not easy to find and some of the old people can be difficult, and are easier to get on with when they are with others. This is a problem which is not covered by the National Health Service Act, or the National Assistance Act; private homes of this nature are usually too expensive for all but those with private means.

There is no organised "night-sitter" service, but if there is need for a night-sitter it is usually possible to find a semi-trained nurse or reliable sensible women who will sit up if there are no relatives or friends who will do so. Here again difficulty arises, not where there is illness, but where there is the sort of person mentioned above who really does need someone to sleep in at night. In this circumstance it is almost impossible to find anyone to help.

HEALTH VISITING.

A great deal of work has been done this year in connection with the scheme for B.C.G. vaccination of school children between the ages of 13 and 14. Where the parents did not sign the consent form for Tuberculin Testing, the health visitors visited the home and made sure that the parents understood the purpose of testing. In most cases consent was obtained. The nurses were present at the schools when testing and vaccination were carried out, and they have visited the homes of all children who were tuberculin positive to try and ascertain the family history and the possible source of infection, and to encourage the mothers to allow their children to be X-rayed. The response to these visits has been excellent.

Routine home visiting of children under five, blind persons, mental defectives, and those suffering from tuberculosis has been carried out. All mothers of young children are encouraged to have their children vaccinated and immunised against Diphtheria and Whooping Cough. The combined Diphtheria-Pertussis vaccine is used and in some cases the health visitors give the injections with the consent of the family doctor. The percentage of young babies immunised is fairly satisfactory, but the number of children receiving "booster" doses between the ages of 4 and 5 is not good. The health visitors are trying hard to increase the number having "booster" doses, but mothers seem reluctant to submit their children to further injections. It has been suggested that it might be possible to carry out "booster" dosing of children at the first school medical inspection. The mother would, of course, give her consent, but it is felt that the procedure might then be regarded as a routine measure, and be more readily accepted.

Elderly people, especially those living alone, are visited fairly regularly, and these social visits are much appreciated. The County Old People's Welfare Committee has established small "Clothing Banks" at Knighton and Llandrindod Wells, where clothing can be obtained free of charge for those in need. There has not been a great demand on these banks as yet, but they fill a great need, and the clothing and blankets that have been issued have been appreciated.

Health Visitors are being made more aware of the important part they can play in promoting and maintaining the mental health of the community. In a country area such as this, where the principal occupations are farming and forestry, people learn to live with themselves, and the tempo of life is slower; the need for unceasing activity, and the fear of being alone, are not present here as they may be in towns and cities, but we are well aware of the anxieties of the young mother trying to bring up her children, of the fears of the elderly who seem to have no one to care for them, and of the eccentricities of the few. The health visitors and nurses do what they can by listening to worries that are poured out to them. The role of listener is an important one, and the health visitor is well qualified to play it, as she has the confidence of the community. Problems and difficulties can be discussed with the Superintendent Nursing Officer, and specialist advice called in if necessary.

There are no special arrangements for preventive work among problem families, but additional visits are paid to these homes. Advice and help, including gifts in kind, are given.

The following statistics on duties carried out by the District Nurses under Section 25 of the National Health Service Act, 1946, have been compiled in accordance with the recommendations of a special committee of the Society of Medical Officers of Health.

Home Nursing Statistics — Classification of Types of case visited by Nurses during the Year 1955.

1. Tuberculosis	37
2. Other Infectious Diseases, including common childhood fevers, food poisoning, dysentery, venereal disease, erysipelas, poliomyelitis, shingles	65
3. Parasitic Diseases, including worms, scabies, pediculosis	17
4. Malignant and Lymphatic Neoplasms, including cancer, sarcoma, malignant growth, epithelioma, rodent ulcer, leukaemia, Hodgkins disease	21
5. Asthma	17
6. Diabetes Mellitus	18
7. Anaemias	57
8. Vascular Lesions affecting the Nervous System including subarachnoid haemorrhage, cerebral haemorrhage (less than a year), apoplexy, stroke	37
9. Other Mental and Nervous Diseases, including psychosis, melancholia, senile dementia, psychoneurosis, neurosis, anxiety, alcoholism, drug addiction, mental deficiency, disseminated sclerosis, paralysis agitans, spastic paralysis, longstanding hemiplegia, epilepsy, progressive muscular atrophy, neuralgia, neuritis, sciatica	29
10. Diseases of the Eye	37
11. Diseases of the Ear	39
12. Diseases of the Heart and Arteries, including acute rheumatic fever, heart disease, high blood pressure, arteriosclerosis, gangrene (except diabetic)	67

13. Diseases of the Veins, including varicose veins, varicose ulcers, haemorrhoids, thrombophlebitis, phlebitis	29
14. Upper Respiratory Diseases, including common cold, acute sinusitis, acute tonsillitis, influenza	193
15. Other Respiratory Diseases, including pneumonia, bronchitis, empyema, pleurisy, congestion of the lung, bronchiectasis	116
16. Constipation	18
17. Other diseases of the Digestive System, including disorders of teeth, tongue, mouth, gastric, duodenal, and peptic ulcer, gastritis, appendicitis, hernia, intestinal obstruction, gastro-enteritis, fissure in ano, cirrhosis of liver, cholecystitis, gall stones	56
18. Diseases of the Urinary System and Male Genital Organs, including nephritis, calculus, cystitis, stricture, enlarged prostate	32
19. Diseases of the Breast and Female Genital Organs, including salpingitis, boil of vulva, vaginitis, uterine prolapse, disorders of menstruation, leùkorrhœa	25
20. Complications of Pregnancy and the Puerperium, including abortion, post-partum mastitis	27
21. Diseases of the Skin and Subcutaneous Tissues, including boil, carbuncle, cellulitis, whitlow, acute lymphadenitis, impetigo, dermatitis, pruritus	232
22. Diseases of the Bones, Joints and Muscles, including arthritis, rheumatism, fibrositis, myalgia, osteomyelitis, prolapsed disc, synovitis	43
23. Injuries	281
24. Senility, including old age	52
25. Other defined or ill-defined Diseases or Disabilities	49
26. Diseases not Specified	33

TREATMENT CARRIED OUT BY THE NURSES DURING THE YEAR 1955,

	Number of Patients
1. Injections ...	382
1a. Injections combined with other treatment	154
2. Blanket Baths ...	26
3. Enemas ...	29
4. Dressings ...	527
5. Changing of pessaries ...	3
6. Washouts, douches, catheterisation	17
7. General nursing care ...	388
8. Attendance at minor operations ...	—
9. Preparation for diagnostic investigation	1
10. Other (includes taking of temperatures, general advice, taking accident cases to doctor, etc.)	337

HOME NURSING CASES REFERRED TO NURSES BY :

1. General Practitioners ...	365
2. Hospital ...	19
3. Local Authority ...	2
4. Direct application ...	795
5. T.B. Clinic ...	—
6. Other (includes, relatives, friends, found by nurse)	106

MIDWIFERY STATISTICS.

Confinements attended by midwives at home	133
Maternity and Midwifery visits ...	2080
First visits to expectant mothers ...	255
Re-visits ,, ,, ...	1501

HEALTH VISITING STATISTICS.

First visits to infants under one year ...	310
Re-visits ,, ,, ...	2801
First visits to children 1-5 years ...	141
Re-visits ,, ,, ...	4391
Visits to Mental Defectives, Blind, T.B. and Old People, and other visits ...	7422

Section 26 = Vaccination and Immunisation.

VACCINATION AGAINST SMALLPOX.

Statistics of children under 1 year of age, vaccinated against Smallpox, since the coming into operation of the National Health Service Act, are as follows :

Year.	Percentage vaccinated.
1949	44·0
1950	26·2
1951	55·4
1952	40·8
1953	36·6
1954	37·3
1955	39·1

The percentage of children under 1 year vaccinated against Smallpox during 1955 in England and Wales was 36·4, and that for Wales only was 24·5.

It is regrettable that because this disease is now rare in this country, the public should be so apathetic about the need for protection, and it is a tribute to the efforts of the district nurses, that the percentage of children vaccinated against Smallpox remains as high as it does.

Vaccination is carried out by General Practitioners in surgeries, welfare centres, and in the children's homes,

IMMUNISATION AGAINST DIPHTHERIA.

The arrangements for protection against Diphtheria continue as in previous years, except that nowadays protection against this disease is in almost every case combined with protection against Whooping Cough. It is probable, indeed, that if a separate vaccine were used we should get a higher proportion of children protected against Whooping Cough than against Diphtheria. By combining the vaccine the percentage of children protected against Diphtheria is kept up.

Statistics for immunisation against Diphtheria are given below and it must be confessed that they are disappointing.

It is quite certain, however, that a considerably higher percentage of children have been protected against this disease. For example, some General Practitioners in the county who from time to time requisition supplies of prophylactic, and who presumably, therefore, undertake immunisation, never send in a record card.

The number of children known to have completed a full course of Primary Immunisation during the year was:

Age at date of final injection.		Total.
Under 5	5-14.	
279	11	290

The number of children who were given a "booster" or reinforcing injection (i.e. subsequent to complete full course) was 30 as against 43 in 1954.

Percentages of Children Immunised against Diphtheria.			
Year.	Under 5 yrs.	5-14 yrs.	Under 15 yrs.
1951	45.4	69.6	61.3
1952	45.0	74.0	64.8
1953	46.6	64.3	58.5
1954	51.9	63.7	59.5
1955	61.3	64.7	63.7

Immunisation in relation to child population:

The following table shows the Immunity Index of Radnorshire as compared with Wales, and England and Wales.

(The Immunity Index is the number of children immunised, primary or booster, during the last five years expressed as a percentage of the total estimated mid-year child population.)

	Under 1 year	1-4 years	5-14 years	Total under 15 years
Radnorshire	14.8	71.7	21.0	33.6
Wales	8.6	60.2	40.4	43.6
England	—	—	—	49.7

INOCULATION AGAINST WHOOPING COUGH:

The arrangements for protection against Whooping Cough continue as for the previous year.

Two hundred and sixty-five children completed a course of inoculation against whooping cough during the year.

Section 27 - Ambulance Service.

This service is provided through the agency of the Welsh Ambulance Committee of the British Red Cross Society and Order of St. John, and continues to work satisfactorily. The general organisation, which has been fully described in previous reports, continues unchanged.

Statistics for 1955 concerning this Service are as follows:

Ambulance	No. of Journeys	Mileage.	—Type of Case—	
			Illness.	Accident.
Llandrindod Wells	320	7552	313	12
Knighton	81	5723	68	18
Presteigne	95	5151	92	3
Rhayader	42	2154	31	11
	538	20580	504	44

Total annual mileage:

Year.	Ambulances.	Sitting-case Cars.	All Vehicles.	Increase on previous year (per cent)
1949	11,745	33,243	44,988	—
1950	13,676	47,466	61,142	35'9
1951	16,949	58,226	75,175	22'9
1952	13,989	61,500	75,489	0'4
1953	16,029	65,867	81,896	8'4
1954	16,303	76,022	92,325	12'7
1955	20,580	85,935	106,515	15'4

In 1955 ambulance vehicles did 1,060 miles per 1,000 of the population compared with 839 in 1954, while sitting-case cars covered 4429 as against 3910 in 1954. The number of journeys per 1,000 of the population made by ambulance vehicles was 28 compared with 23 in 1954, and by sitting-case cars 91 compared with 71 in 1954.

From time to time complaints were received that the ambulances provided in the county were very uncomfortable for long distance journeys, and it was even alleged that a seriously ill patient might suffer risk to life as a result. The Authority, therefore, made representations to the Welsh Ambulance Committee, who in turn asked the County Council to select a vehicle which was considered to be suitable for this area.

Five ambulance vehicles of different types were brought for inspection by members of the Ambulance Transport Sub-Committee, and each one of these vehicles was tried out over rough roads.

As a result of these tests it was unanimously decided to recommend the purchase of a Morris Ambulance, and this was delivered to the county on the 6th September. Drivers, attendants and patients have all agreed that this new ambulance is a great improvement in riding comfort on any vehicle previously used in the county.

Although stationed at Llandrindod Wells, this ambulance is available for the long distance transport of patients from any part of the county.

Ever since the "Appointed Day" the conditions under which the Presteigne ambulance was garaged have been unsatisfactory. In spite of all efforts, no really suitable shed or garage could be found to accommodate the vehicle, which continued to stand in the open nearly all the time. The Health Committee decided, therefore, that a new garage should be built at Presteigne. A very suitable site was available in the centre of the town, on land behind the offices of the Urban District Council and belonging to them, and this work was started during the year.

Section 28 - Prevention, Care and After-Care. Tuberculosis.

TUBERCULOSIS :

The procedure for notifying cases of Tuberculosis together with the subsequent action taken are as set forth in my Annual Report for 1954.

B.C.G. VACCINATION.

The number of cases of tuberculosis notified and contacts examined and the number of contacts vaccinated with B.C.G. for the years 1951-55 are as follows :

	1951	1952	1953	1954	1955
Number of notified cases	7	11	6	14	12
Number of contacts examined	52	27	34	21	26
Number of contacts given B.C.G.	—	12	17	9	15

The scheme for B.C.G. vaccination of children in their fourteenth year, approved by the Minister of Health on the 13th January, was put into operation later in the year.

Letters were first sent to all Medical Practitioners who have patients in the county, and also to Head Teachers, explaining the scheme and asking for their co-operation. A circular letter, explaining B.C.G. vaccination in simple language, and incorporating a Consent Form, was sent to the parent of each of the 258 children in the age group through the schools. Forms of consent were returned through the schools to the County Health Department. Parents who had not returned the forms within a week were visited by the district nurses, through whom a number of additional consents to B.C.G. vaccination were obtained. The parents of only 34 children in the eligible age group failed to sign the consent form, so that the percentage of those who consented was 87. In addition, the parents of 7 children within the age group in the Llandrindod Wells Residential School for the Deaf applied for this protection.

On the occasions when the tuberculin tests were carried out, 37 of these children were absent from school. Of those in school 21 were found to be tuberculin positive, which showed that they had, at some time previously, been exposed to this infection. One hundred and sixty-six children were found to be tuberculin negative. At the Residential School, 3 of the children were found to be tuberculin positive, and 4 negative. Of the Radnorshire children, therefore, only 11·2 per cent were tuberculin positive. This is a very low figure and reflects the low incidence of tuberculosis throughout the county.

Tuberculin testing was done by Heaf's Multiple Puncture Apparatus. This is a speedy and quite painless procedure.

Each of the children who were tuberculin positive received a special leaflet, explaining the significance of the reaction, and were visited by a health visitor, and enquiries were made as to possible contact with persons suffering from tuberculosis. Each tuberculin positive child was also X-rayed at the Llandrindod Wells Hospital, or the Brecon Hospital, the radiographs being inspected by the Chest Physician. Two of these children were found to have a healed primary lesion of the lung. The radiographs of the others, including two who had tubercular adenitis, were found to be normal. One child at the Residential School for the Deaf who gave a strongly positive reaction, was found to be suffering from active tuberculosis, and was subsequently admitted to a sanatorium.

The 166 Radnorshire children and the four children at the Residential School for the Deaf who were found to be tuberculin negative, were vaccinated with B.C.G.

All this work was done by the County Medical Officer during visits to the five secondary schools, and the Residential School for the Deaf.

Those children who were given B.C.G. were given a leaflet, explaining the effects of the vaccination, and medical practitioners and district nurses were circularised, so that they would be aware of the recommended method of dealing with any undue reaction which might occur.

Health Education

Formal arrangements for Health Education do not exist, and this work is mainly carried out by the district nurses in their capacity as Health Visitors. They take every opportunity when they are in the homes of families in their areas, of giving talks on the promotion of Health, and the prevention of disease.

Talks were given by the district nurses in Welfare Centres and to women's organisations, and talks were also given by the Superintendent Nursing Officer, and the County Medical Officer, to various voluntary bodies.

Section 29 -- Home Help Service.

This service, which is administered by the Superintendent Nursing Officer in her capacity as Home Help Organiser, has continued to expand. More and more elderly people who need a few hours help a week to do the heavy housework, are taking advantage of the service. We are fortunate in having a nucleus of reliable home helps, who do a great many kindnesses to the old people in excess of their normal duties. There is still room for more women as home helps, and there is a lack of women able to do full time work. In the towns the service runs fairly smoothly, but in the country districts, where bus services are largely non-existent, sick and old people must rely to a great extent on their neighbours. In these special circumstance, relatives are occasionally employed as Home Helps, providing the organiser is satisfied that they have given up regular employment because of great need and distress at home. The consent of the Committee is obtained before this is done.

Requests for home helps come in from doctors and nurses, and from the patients themselves. The service also co-operates with the Area Officer of the National Assistance Board. He is in touch with many of the old people who receive supplementary pensions, and if he feels that the amount of money he is able to give towards the provision of domestic help is insufficient, he reports the matter to the Home Help Organiser. She visits the household, and if she feels that the request is justified, a Home Help is provided.

In one instance a male Home Help is employed. An old lady of 82, mentally alert, but almost bedridden, lives in a cottage in the country with a great nephew whom she brought up. Gradually she has become more and more dependent and he had to give up work to look after her. Now he is employed as a Home Help and has proved very satisfactory.

The following table shows the number of Home Helps employed during 1955 :

Total number of Helps employed	34
New requests in 1955	17
New Households helped—	
Old Age	9
Blind	1
Maternity	3
Cardiac	2
Others	2

During the year Home Helps did a total of 25,817 hours work as compared with 17,501 hours during the previous year.

Section 51 = Mental Health.

The Mental Health Services Sub-Committee deals primarily with all matters concerning mental health, and is advised by the County Medical Officer, and also, when necessary, by the part-time adviser in Mental Health, Dr. Gordon Diggle, Medical Superintendent of the Mid-Wales Hospital. No whole-time staff is employed, but part-time work is undertaken in the area by Dr. Diggle and Miss Gwendoline Morgan, the Psychiatric Social Worker (employed jointly by the Regional Hospital Board and the three Counties of Brecon, Montgomery and Radnor). Three part-time Duly Authorised Officers are also employed.

The Psychiatric Social Worker is responsible for the supervision of patients on trial from the Mid-Wales Hospital and on licence from Mental Deficiency Institutions.

A weekly Psychiatric Clinic is held in the County Hall, Llandrindod Wells, Dr. Diggle being the Psychiatrist in charge. During the year 127 patients attended, making 370 attendances.

Dr. Diggle submitted the following report:

"The clinic was, as usual, held weekly. During the year, 56 new patients and 40 old patients with a total of 370 attendances were seen. New patients were mainly referred by their own general practitioners, although a few came from other sources, such as Magistrates Court, the County Medical Officer of Health, and the Children's Officer. In conjunction with visits paid to local hospitals and to patients in their own homes, in the Llandrindod area, when required, the clinic is comfortably busy.

In addition a considerable number of interviews have been given to relatives of patients in the Mid-Wales Hospital, who, for one reason or other cannot be seen at Talgarth.

One of the great values of the clinic is the contact it establishes between the general public, general practitioners, and the Mental Hospital. This is reflected in the high proportion of voluntary patients admitted to Hospital. It is well above the national average (85 per cent). I feel that one of the best and most practicable ways of removing the fear of a Mental Hospital, is for the patient and his relatives to get to know the Doctor, who will be in charge of the patient, before he is admitted. Even if a patient has to be admitted under Certificate, the fact that the patient has been seen at a Clinic does help to establish the relatives' confidence that Certification is really necessary."

Miss Gwendoline Morgan reports on her work as follows: "During the past year, 42 patients were admitted to the Mid-Wales Mental Hospital, from the county; although there were fewer new cases than in the previous year, several former patients have returned for further treatment, with the result that there has been no noticeable decrease in the numbers receiving Psychiatric attention.

After-care has increased, due to the fact that it has been necessary to continue helping some ex-patients for several years. Elderly persons, and those living in isolated environments, depend on regular visiting to counteract the loneliness and lack of interest in their normal lives. Poor transport,

lack of social facilities and creative hobbies have been deterrents to successful rehabilitation, for after the experience of full community life in Hospital, patients often find home life dull and empty. Finding suitable employment has been a major difficulty in the after-care scheme. Rural occupations are mainly of the solitary nature, and the young introspective patient who would benefit from the stimulation of Community work, has frequently been forced to return to unsuitable surroundings, due to the lack of alternative employment. Although the Ministry of Labour Rehabilitation Training Scheme has offered help with this problem, it has not generally proved of practical use in Radnorshire, in that there are no means of using newly acquired trades in the home locality.

Supervision of defectives under Guardianship and Statutory Supervision has continued throughout the year, and it has been rewarding to find that employers of mentally retarded patients have willingly co-operated, in order to ensure the well-being of their charges.

ANALYSIS OF WORK UNDERTAKEN :

Total number of visits made	...	235
Number of persons receiving after-care following treatment at The Mid-Wales Hospital		38
Case histories and enquiries on admission		19
Visits relating to Defective under Guardianship or Statutory Supervision	...	37
After-Care visits to patients at Mid-Wales Hospital	...	171
Kindred Social Work in relation to Defectives and others	...	9"

MENTAL DEFICIENCY ACTS 1913-1938.

Ascertainment of new mental defectives is made by the County Medical Officer of Health. Children suspected of mental deficiency are found, as a rule, through the district nurses, who refer children who are markedly retarded to the County Medical Officer for examination before the age of five. Children who are backward are also referred by Head Teachers of Schools.

During the year 6 children (2 boys and 4 girls) of school age were referred by the Local Education Authority to the Mental Health Committee under Section 57 of the Education Act, 1944, and were placed under statutory supervision.

On the 31st December, 1955, the number of ascertained cases from the Authority's area was as follows:

	M	F	Total
In certified institutions	13	12	25
Under guardianship	3	--	3
Under supervision	24	16	40

Two males and one female were awaiting institutional accommodation at the end of the year.

Defectives from the County are in the undermentioned Institutions:

	M	F	Total
Brynhyfryd Hospital	5	1	6
Pantglas Hall	—	4	4
Llys Maldwyn Hospital	2	1	3
Coed Du Institution	—	2	2
Stoke Park Colony, Bristol	4	—	4
Royal Earlsfield Institution	1	—	1
Brentry Hospital	1	—	1
Broughton Hospital	—	2	2
Hensol Castle	—	1	1
St. David's Hospital	—	1	1
	<hr/> 13	<hr/> 12	<hr/> 25

In addition, one patient was admitted to Knighton Hospital, as a "place of safety." Great difficulty is still being experienced in obtaining Institutional accommodation and "Places of Safety" for defectives.

National Assistance Act, 1948.

Welfare of the Blind.

The Health Committee is responsible for the scheme for the Welfare of Blind Persons. The Birmingham Royal Institution for the Blind, to which this Authority makes an annual grant, undertakes the supervision of home workers and carries out periodical visits to some of the blind persons in the county. In addition, all blind persons are visited each month by the district nurses, who give general supervision. The Radnor Association for the Blind (a voluntary body affiliated to the Royal National Institute for the Blind) is entirely supported by voluntary contributions.

During the year our part-time Home Teacher for the Blind, Mr. Richard Oldbury, who had previously been employed for one day only in each week, had his services extended to two days a week. This additional time gave him greater scope in his work, which included the formation of handicraft classes at Knighton and Llandrindod Wells.

Mr. Oldbury submits the following report on his work during the year :

"Most of the time was taken up with routine visiting, during which I checked on all Wireless Sets, and arranged for repairs where necessary, also Hearing Aids.

Four new Wireless Sets have been obtained for the Blind people during the year, on my advice.

I have an arrangement with the representative of the National Assistance Board whereby I forward to him any information regarding changes in the financial circumstances of the Blind People.

I also visit whenever possible, the two blind children, at Lickey Grange, and at Bridgend. To help them with their school work, the Radnor Association for the Blind provided them both with a Stainsby Braille Writing Machine. I have since learned from their teachers, that these machines are of great value to them.

During the year one new Handicraft Class was started at Llandrindod Wells, and quite a lot of articles have been made, which I sold at Flower Shows during the summer. These were included with other goods made by the Blind, which I was exhibiting.

I am hoping to increase the teaching of home occupation during the coming year.

During the year one registered Blind, and one registered partially sighted person, commenced Braille lessons. These lessons were given each Monday morning, and the two ladies have made excellent progress. They are now subscribing to the Braille Magazines, "Madam" and "Hora Jocunda."

When these two ladies have completed their lessons in Braille, the number of Braille readers in the County will be nine out of fifty-six registered Blind people, which is quite a high proportion.

I attended the "Home Teachers Refresher Course" at Cardiff, held in December, which as usual was of great interest and value, and in July and October, I attended meetings of the College of Teachers of the Blind.

I have given assistance and co-operated whenever possible with Mrs. Medlicott, Secretary of the Radnor Association for the Blind."

Mrs. Medlicott, the Secretary of the Radnor Association for the Blind, reports as follows :

"Seven members availed themselves of the Holiday Scheme and wrote very appreciative letters saying how very much they had enjoyed the holiday. Two stayed at Southern-down. Letters and Christmas Cards were sent out with a £1 note, and many letters were received acknowledging the gifts and saying in most cases, that the money had been used towards extra coal and wood. Some members had purchased clothing with the money.

The outing to Mumbles by train was very successful; we were a party of about 70, and the weather excellent.

A garden party was held at The Chestnuts, Knighton, on June 30th, and was a great success. The Knighton Town Band played during the afternoon and evening. This party was held instead of the usual Christmas Party because so many people failed to turn out in the winter months and preferred to meet in the Summer."

Circular 4/55 (Wales) draws the attention of Welfare Authorities to the necessity for all Forms B.D. 8 to be completed by a specialist ophthalmologist of consultant status. This has been the procedure in Radnorshire for many years.

Eight new cases (4 men, 4 women) were added to the Blind Register; 7 blind persons (3 men, 4 women) died and 2 (1 man and 1 women) were removed from the Register.

The age groups of persons on the Blind Register at the end of the year were as follows :—

Sex.	Age Periods.							Total
	0-15	15-25	25-35	35-45	45-55	55-65	65+	
Males	1	1	—	1	3	5	15	26
Females	2	—	1	—	6	2	19	30
Total	3	1	1	1	9	7	34	56

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

Cause of Disability

Cataract	Glaucoma	Carotid Arteritis	Other
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(1) Number of cases registered during the year in respect of which para 7 (c) of Forms B.D.8 recommends

(a) No Treatment	1	—	1	—
(b) Treatment, Medical, Surgical or optical	5	1	—	—

There were no cases of ophthalmia neonatorum notified.

Tuberculosis.

During the year 14 new cases were notified and 3 patients died from the disease. There were no deaths of non-notified cases.

Particulars are as follows :

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non- Respiratory.		Respiratory.		Non- Respiratory.	
	M	F	M	F	M	F	M	F
0-								
1-								
2-								
5-								
10	1	1						
15-	1							
20-	1	1						
25-	2							
35-	3		1	1				
45-	1				1	1		
55-	1							
65-								
75+						1		
Total	10	2	1	1	1	2		

The death rate per 1,000 of the population for the year 1955 was 0·15 compared with 0·20 for 1954.

The following table shows the total number of cases on the County Register at the end of the year:

Age Periods	Respiratory		Non- Respiratory		Total All forms	
	M	F	M	F	M	F
0—						
1—						
2—						
5—	1	1	2		3	1
10—	2	3	4	2	6	5
15—	2	1	1	3	3	4
20—	5	3	2		7	3
25—	12	10	1	1	13	11
35—	14	7	2	4	16	11
45—	5	8		1	5	9
55—	6	2	1	1	7	3
65—	1	1	2	1	3	2
75+		1	1		1	1
Total	48	37	16	13	64	50

Venereal Disease.

There is no clinic or centre for the treatment of Venereal Disease in the County. Such cases are dealt with at clinics at Hereford and Shrewsbury.

Particulars of attendances at the Centres are as follows.

	Hereford.		Shrewsbury.	
	M	F	M	F
Syphilis—Cases	—	—	2	3
Attendances	—	—	17	105
Gonorrhœa—Cases	—	—	—	—
Attendances	—	—	—	—
Other Conditions—Cases	1	—	1	—
Attendances	1	—	24	—

Epilepsy.

Information in regard to the incidence of epilepsy in the county is incomplete. A list has, however, been compiled from replies to a questionnaire which was sent out to all Medical Practitioners and District Nurses practising in the county. This list contains the names of 42 patients suffering from the disease, of whom 15 are children of school age. None of these children is seriously handicapped and none in consequence, requires education in a special school.

Should, however, a child be found to be suffering from epilepsy of such a degree that he could not be satisfactorily educated in an ordinary school, or where his presence would be upsetting to other children, he would be sent to a special school. There would be no difficulty in obtaining admission to such a school.

In addition to the, above, 10 patients from the area who are at present in the Mid-Wales Hospital, Talgarth, suffer from the disease in a severe form.

Cerebral Palsy.

A register of persons known to be suffering from Cerebral Palsy was drawn up in the same way as that for patients suffering from epilepsy. Ten persons are on the Register, of whom 4 are spastic children of school age. One of this number is suffering from congenital heart disease and receives home tuition. The remainder are not so handicapped by cerebral palsy as to need education in a special school.

Two persons suffering from cerebral palsy are mental defectives, one being under statutory supervision and the other a patient at the Mid-Wales Hospital.

Inspection and Supervision of Food.

Mr. R. W. Price reports as follows :

"The administration of the Food and Drugs Act during the year has in general followed the pattern of previous years. A total of 388 samples were submitted for analysis by the Public Analyst and of these 268 were samples of milk. The remaining 120 samples covered a fairly wide range of products ; full details appear in the accompanying table.

Of the milk samples analysed, 16 were found to be below the presumptive standard in fat content, but in 13 instances the deficiency was trivial. The greatest deficiency found was of 11 per cent while others of 8 per cent and 6 per cent were also recorded. Two formal cautions were issued, and one verbal warning given in respect of these samples. Subsequent sampling in each case showed an improvement in quality. It is satisfactory to note that not a single case of milk adulteration was detected during the year.

The 120 samples of food other than milk, covered some 70 different products. The position revealed by the analysis of these goods is a very satisfactory one, in that only three reports of sub-standard findings were received, and two of these were related to the same article. This was pork sausage which was found on analysis to contain only 45 per cent of meat. Sausage is one of the many products for which no National Standard of meat content has been set up. Where a case of this kind is brought before a Court, it is the duty of the Magistrates to determine for themselves, on the evidence brought before them, whether a purchaser of the goods concerned would have received reasonable value for money. In the particular case referred to evidence was given that sausages containing from 65 to over 70 per cent of meat were universally available at the same price. The vendors were convicted and fined £1 and ordered to pay £7 4 0 costs.

The only other unsatisfactory report concerned a sample of cornflour which was discoloured. The analyst determined that the stain was caused by gravy browning and was quite innocuous ; probably a bottle of browning had been accidentally broken in the shop. No action was taken in respect of this sample.

It is perhaps worthy of mention that, for the first time for five years no case of meal-mite infestation was reported, although the proportion of samples of flour-based or corn-flour-based products taken for analysis was a little higher than in previous years.

Taking the figures as a whole, it will be seen that out of 388 samples analysed, action was necessary in only four cases and legal action in only one.

Food and Drugs Act — Sampling Statistics.

Article	No. taken	Genuine	Article	No. taken	Genuine
Milk	268	250	Dried Parsley	2	2
Cornflour	6	5	Mixed Herbs	1	1
Custard Powder	5	5	Mixed Spices	1	1
Blanc Mange	7	7	Ground Nutmeg	1	1
Chocolate Blanc Mange	1	1	White Pepper	2	2
Cake Mixture	2	2	Mustard	2	2
Sponge Mixture	2	2	Cloves	1	1
Pastry Mixture	1	1	Thyme	1	1
Shortcake Mixture	1	1	Sage	1	1
Cremola	1	1	Arrowroot	2	2
Junkett	3	3	Sage & Onion Stuffing	1	1
Lemon Pudding	1	1	Parsley and Thyme		
Lemon Pie Filling	1	1	Stuffing	1	1
Honeycomb Mould	1	1	Plain Stuffing	2	2
Semolina	1	1	Margarine	1	1
Ground Rice	2	2	Cookeen	1	1
Tapioca	3	3	Spry	1	1
Breadcrumbs	1	1	Beef Suet	2	2
Peas	3	3	Sardines	2	2
Lentils	3	3	Meat and Fish Pastes	5	5
Pearl Barley	1	1	Potted Salmon	1	1
Tomato Soup	1	1	Pilchards	1	1
Celery Soup	2	2	Tinned Crab	1	1
Oxtail Soup	2	2	Tinned Tomatoes	1	1
Kidney Soup	2	2	Table Jelly	6	6
Lentil Soup	1	1	Jelly Crystals	1	1
Pea Soup	1	1	Jelly Cream	1	1
Mock Turtle Soup	1	1	Pork Sausage	6	4
Bisto	1	1	Beef Sausage	3	3
Oxo	1	1	Cream	2	2
Gravy Browning	1	1	Golden Raising		
Horse Radish Sauce	1	1	Powder	1	1
Dried Mint	1	1	Candied Peel	2	2
			Cheese Spread	2	2

Laboratory Arrangements.

There is no laboratory of the Public Health Laboratory Service in the County. Specimens requiring bacteriological investigation can be sent to the Public Health Laboratories at Aberystwyth, Shrewsbury and Hereford. In the case of samples of water and other specimens which should be examined within a few hours of collection, it is generally advantageous to make use of the laboratories at Shrewsbury or Hereford to which communications are speedier than Aberystwyth.

Chemical analyses are undertaken by the County Analyst, Mr. Herbert J. Evans.

Public Health Act, 1936.

Sections 187 — 191

There are two registered Nursing Homes in the County.

The Park Nursing Home, Llandrindod Wells, has accommodation for 16 patients, 6 beds originally having been registered for maternity patients. Since 1951 the Regional Hospital Board has reserved 8 beds for convalescent patients in this Home.

The Wycliff Nursing Home, Clyro, has two beds available for general cases.

Both these Nursing Homes were visited each quarter by the Superintendent Nursing Officer, who inspected the registers and found conditions satisfactory.

Nurseries and Child Minders Regulation Act, 1948.

No applications for registration under this Act were received during the year, and no Day Nurseries or Daily Minders are registered with the Authority.

Rural Water Supplies and Sewerage Act, 1944.

Under the Rural Water Supplies and Sewerage Act, 1944, the following schemes for the provision of sewerage were submitted to the County Council by the undermentioned Authorities.

District Council.	Particulars of Scheme.	Estimated Cost.	Decision of County Council.
Colwyn	(a) Howey Sewerage Scheme (amended)	£21,748	Approved
	(b) Aberedw Sewerage Scheme (modified)	£3,655	Approved
	(c) Hundred House Sewerage Scheme	£1,261	Recommendation that the Scheme be extended to include other properties.

TABLE 1.
Causes of Death in Administrative Areas in the County of
Radnor for 1955.

Causes of Death	Urban Districts								Rural Districts								County.	
	Knigh- ton.	Llandri- dod	Wells.	Presteigne		Colwyn.	Knigh- ton.	New Radnor.	Painscastle	Rhayader.	M.		F.					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Brought forward...	6	6	23	21	4	4	11	8	13	12	8	13	8	6	12	32	85	102
Influenza ...													1	1			1	1
Whooping Cough	1																1	
Other infective and parasitic diseases ...													1					1
Other diseases of respiratory system																		
Ulcer of stomach & duodenum								1					1				2	
Nephritis and Nephrosis				2			1		1								1	3
Hyperplasia of prostate	2		1				1							1			5	
Congenital mal- formations				1									1		1		1	2
Other defined and ill-defined diseases	2				1			2	1	2		1	2	3	2	3	8	11
Motor Vehicle accidents															1			1
All other accidents	1		2		1		1		1	1				2	1		8	2
Suicide ...	1																1	
Total ...	13	6	26	24	6	4	14	10	15	16	9	15	12	9	18	39	113	123

TABLE I—continued.
Causes of Death in Administrative Areas in the County of
Radnor for 1955.

Causes of Death	Urban Districts								Rural Districts								County.		
	Knighton.		Llandrindod Wells.		Presteigne		Colwyn.		Knighton.		New Radnor.		Painscastle		Rhayader.		M.	F.	Total.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
tuberculosis of respiratory system			1					1									1	1	2
tuberculosis other									1								1		1
light neoplasm																			
stomach ...	1	1					1	3				1	1	1	1		7	3	10
breast ...									1						2			3	3
uterus ...																			
lung-bronchus	1		2											2			5		5
per malignant & phaticneoplasm	1	1	2	3		2	3		2	1	3			2			9	11	20
kæmia,																			
leukæmia ...																			
betes ...									1						1			2	2
cular lesions of nervous system	1	1	5	9	2	1	1	2	1	2	4	1	4	4	1	8	19	28	47
onary disease																			
angina ...			1	7	2	1		3	1	1		1	1	1		3	14	8	22
ertension with heart disease				1	3											1	1	4	5
er heart disease	1	1	3	3	1	1	3	4	3	2	1	3	2	1	5	13	19	28	47
er circulatory disease ...				2					2	2		4					4	6	10
umonia ...		1							2			1					2	2	4
chitis ...	1			1						2	1				1	3	3	6	9
ed forward ...	6	6	23	21	4	4	11	8	13	12	8	13	8	6	12	32	85	102	187

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1955.

Aggregate of Urban Districts.

Causes of Death.	All Ages.		0-		1-		5-		15-		25-		45-		65-	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis, respiratory	1														1	
" other																
Whooping Cough	1						1									
Malignant neoplasm, stomach	1	1														
" " breast																
" " uterus																
Lung Bronchus	3												1			
Other malignant and lymphatic neoplasms	3	6											1	1	1	2
Other infective parasitic diseases																
Diabetes																
Vascular lesions, nervous system	8	11											1		1	4
Coronary disease, angina	8	3									1				3	3
Hypertension with heart disease	1	3													1	
Other Heart disease	5	5														
Other Circulatory Diseases	2															
Influenza																
Pneumonia		1														
Bronchitis	1	1														
Other diseases of Respiratory system																
Nephritis and Nephrosis		2												1		1
Ulcer of Stomach, duodenum																
Hyperplasia of prostate	3															
Congenital malformations		1		1												
Other defined and ill-defined diseases	3															
Motor vehicle accidents																
All other accidents	4								1						2	
Suicide	1															
All Causes	45	34		1			1		1		1		3	2	9	1

TABLE II.

Causes of death at the various periods of life in the County of Radnor, 1955.

Aggregate of Rural Districts.																		
Causes of Death.	All Ages.		0-		1-		5-		15-		25-		45-		65-		75-	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Pneumonia, respiratory		1												1				
" other	1														1			
Whooping Cough																		
Malignant neoplasm, stomach	6	2											3	1		1	3	
" " breast		3												1		1		1
" " uterus																		
Chronic Bronchus	2												1		1			
Other malignant and lymphatic neoplasms	6	5						1			2	3	2	2				1
Other infective parasitic diseases		1														1		
Diabetes ...		2												2				
Cerebral lesions, nervous system	11	17											2	3	2	6	7	8
Coronary disease, angina	6	5								1		1		1	3	3	2	
Hypertension with heart disease		1													1			
Ischaemic Heart disease	14	23											3	1	2	5	9	17
Other Circulatory Diseases	2	6												1	1	3	1	2
Influenza	1	1														1	1	
Pneumonia	2	1													1	1	1	
Cholecystitis ...	2	5				1											2	4
Other diseases of Respiratory system																		
Nephritis and Nephrosis	1	1								1			1					
Disease of Stomach, duodenum	2									1								
Hypertrophy of prostate	2											1						
Genital malformations	1	1	1	1												2		
Other defined and ill-defined diseases	5	11		2					1		1	1	2		1	4	4	
Motor vehicle accidents		1										1						
Other accidents ...	4	2				1				2					2	1		
Unexplained																		
All Causes	68	89	1	3	1	1		1	1	5	4	15	15	11	26	34	39	

TABLE III.

Number of cases of Infectious Diseases notified in each Sanitary District during the year.

Districts.	Acute Pneumonia.	Measles.	Whooping Cough	Meningococcal Meningitis	Poliomyelitis (Paralytic)	Puerperal Pyrexia	Dysentery
Urban Districts :							
Knighton -		5	6	1			
Llandrindod Wells		18	7				
Presteigne -			1			1	
Total Urban -		23	14	1		1	
Rural Districts :							
Colwyn -		2					
Knighton -	1	1	13				1
New Radnor -		11					
Painscastle -		4					
Rhayader -	1	5	6		1		
Total Rural -	2	23	19		1		1
Total County -	2	46	33	1	1	1	1

TABLE IV.

Area.	Live Births.			Still Births	
	No.	Birth Rates		No.	Rates per 1000 total births.
		1955	1951-55		
Urban Districts:					
Knighton	27	14·7	14·8	—	—
Llandrindod Wells	33	10·1	12·6	—	—
Presteigne	12	9·4	15·9	2	142·8
Rural Districts:					
Colwyn	26	16·0	12·6	3	103·4
Knighton	42	13·6	13·3	1	23·3
New Radnor	33	14·9	15·1	—	—
Paincastle	27	14·9	15·8	2	68·9
Rhayader	74	17·2	14·5	2	26·3
Urban Districts:	72	11·3	13·9	2	27·0
Rural Districts:	202	15·5	14·1	8	38·0
County:	274	14·1	11·6	10	35·2

TABLE V.

Area.	No. of Deaths	Crude Death Rates	
		1955	1951-55
Urban Districts :			
Knighton	19	10·4	15·4
Lland'dod Wells	50	15·3	14·8
Presteigne	10	7·8	10·5
Rural Districts :			
Colwyn	24	14·7	12·5
Knighton	31	10·0	10·1
New Radnor	24	10·9	12·7
Painscastle	21	11·6	11·6
Rhayader	57	13·2	13·3
Urban Districts :	79	12·4	14·1
Rural Districts :	157	12·0	12·1
County :	236	12·2	10·5